



FEE TRANSMITTAL for FY 2005		Complete if known	
Patent fees are subject to annual revision.		Application Number	10/071,434
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	02/08/2002
		First Named Inventor	BAUMGARDNER, et al
		Examiner Name	SHAW, SHAWNA JEANNINE
		Art Unit	3737
TOTAL AMOUNT OF PAYMENT (\$225.00)		Attorney Docket No.	22253-70649 [204651]
METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)	
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None		ADDITIONAL FEES	
<input type="checkbox"/> Deposit Account: Deposit Account Number <u>50-0573</u> Deposit Account Name <u>Drinker Biddle & Reath LLP</u>			
The Director is authorized to: (check all that apply)			
<input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments			
<input checked="" type="checkbox"/> Charge any additional fee required under 37 CFR 1.16 and 1.17			
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee, to the above-identified deposit account.			
FEE CALCULATION			
EXTRA CLAIMS FEES FOR UTILITY AND REISSUE			
Total Claims * -20** = 0 X * = \$ 0			
Independent Claims * - 3** = 0 X * = \$ 0			
Multiple Independent + 360/180 = \$0			
Large Fee Code Entity Fee (\$)			
Small Fee Code Entity Fee (\$)			
Fee Description			
1202 50 2202 25 Claims in excess of 20			
1201 200 2201 100 Independent claims in excess of 3			
1203 360 2203 180 Multiple dependent claim, if not paid			
1204 200 2204 100 **Reissue independent claims over original patent			
1205 50 2205 25 **Reissue claims in excess of 20 and over original patent			
**or number previously paid, if greater; For Reissue, see above			
SUBMITTED BY CUSTOMER NO. 23973		Complete (if applicable)	
Name (Print/Type)	Evelyn H. McConathy	Registration No. (Attorney/Agent)	35,279
Telephone	(215) 988.2700	Date	February 2, 2005
Signature	Evelyn H. McConathy		



PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) 22253-70649 [204651]	
In re application of: BAUMGARDNER, <i>et al.</i>			
Application No. 10/071,434		Filed 02/08/2002	
For: Quantitative Pulmonary Imaging			
Art Unit: 3737		Examiner: SHAW, Shawna Jeannine	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above-identified application.			
The requested extension and appropriate non-small-entity fee are as follows (check time period desired):			
		Large Entity	Small Entity
	One month (37 CFR 1.17(a)(1))	\$ 120	\$ 60
X	Two months (37 CFR 1.17(a)(2))	\$ 450	\$ 225
	Three months (37 CFR 1.17(a)(3))	\$1020	\$ 510
	Four months (37 CFR 1.17(a)(4))	\$1590	\$ 795
	Five months (37 CFR 1.17(a)(5))	\$2160	\$1080
X	Applicant claims small entity status. See 37 CFR 1.27.		
X	A check in the amount of the fee is enclosed.		
	Payment by credit card. Form PTO-2038 is attached.		
	The Director has already been authorized to charge fees in this application to a Deposit Account.		
X	The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 50-0573. A copy of this sheet is enclosed.		
I am the			
	Applicant/inventor		
	assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).		
X	attorney or agent of record.		
	Attorney or agent of record under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a):		
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.			
Signature		<i>Evelyn H. McConathy</i>	
Typed Name		Evelyn H. McConathy	Registration No. 35,279
Date		February 2, 2005	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
X	Total of one (1) forms are submitted.		